L99000005226

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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SOMNATH, L.L.C.

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000005226

1. Limited Liability Company's Name
SOMNATH, L.L.C.

2. Principal Office Address	3. Mailing Office Address
2047 Hamilton Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jennings, Fl.	City & State
Zip: 32053 / Country	Zip / Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number: 59-3596080 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Virendra Somabhai Patel
Street Address (P.O. Box Number is Not Acceptable): 2047 Hamilton Avenue
Suite, Apt. #, Etc.:
City: Jennings | State: FL | Zip Code: 32053

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent X _____ Date 9/10/02
REGISTERED AGENT MUST SIGN

CR2E045 (01/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Veirendra Somabhai Patel	2047 Hamilton Avenue	Jennings, Fl. 32053

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager X _____ Date 9/10/02 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____

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